

**SENATOR ROCKEFELLER STATEMENT**  
**CHAIRMAN OF THE SENATE FINANCE SUBCOMMITTEE ON HEALTH CARE**  
**SENATE FINANCE COMMITTEE - VOTE**  
**OCTOBER 13<sup>TH</sup>, 2009**

Mr. Chairman, I want to start out my remarks today by saying something that may sound simplistic, but I believe is necessary clarity.

Bluntly stated: Health care reform is about making people's lives better and it is about providing all families tangible solutions that make a difference in their day-to-day, through good times and bad.

Health care reform is about the everyday folks of West Virginia and all across America, who are expecting us to fight for them.

And health care reform is about eliminating, once and for all, that horrifying feeling so many people live with when they go to bed and wake up each day – that feeling of walking a tightrope, fearing that one accident, one illness could send them over the edge without any support.

The status quo every American knows to be our broken system is not the best we can do.

Not even close.

Over the last three weeks, we have considered scores of amendments and engaged in hours of debate.

That in itself is progress. But – as we all know - our success will not be measured in terms of time and effort.

The American people will be the real judges of how well we have done – and they should be.

I have made no secret of the fact that I think we could have dug deeper, gotten more creative and worked together much better.

It is regrettable to say so, but I believe the bill before us still falls short of what people need and expect from us.

Mr. Chairman, allow me to expand on what I see as the areas of progress and the areas of concern:

Uninsured

Some will point to the 29 million lives covered as strong evidence in support of this bill. Our basic mandate is to cover more people, and the 29 million additional lives covered here is certainly an important step in the right direction. But, it is not enough.

Universal coverage has always been the goal of health reform. Leaving 16 million men, women, and children uninsured is simply wrong. We should spend the resources necessary to insure every life – that is what we are here for.

### Public Programs

With respect to Medicaid and CHIP, these are two public programs that work and work well. I am appreciative of the Committee's support for preserving CHIP for children; however, I remain extremely concerned about the benefit levels for children in the state exchanges and about many of the changes to Medicaid included in this bill.

For children, the HELP bill requires insurance offered in the exchange to cover preventive services and full pediatric health services including oral and vision care, new child health quality measures, and coverage of dependent children up to age 26. The HELP bill also provides a full Medicaid expansion to 150 percent of poverty.

Unlike the HELP bill, this bill does not do enough to protect vulnerable populations. We need to move away from provisions that create a two-tiered Medicaid program and put low-income people at the mercy of private plans. Medicaid should be the foundation of care for our most vulnerable, not a political bargaining chip for insurance companies or for governors.

### Affordability

Despite the improvements made by the Committee as part of mark-up, private health coverage for low- to middle-income Americans is still not affordable.

Under this bill, most households with incomes between 133 percent and 200 percent of the poverty line would pay two to four times more in premiums for insurance purchased in the state exchanges than they would under the HELP bill. And, CBO estimates that families between 200 and 450 percent of poverty would spend between 18 and 19 percent of their income on health care in 2016.

You cannot do affordability half way – it's either affordable or its not? Affordability is the determining factor in whether health reform succeeds or fails. The American people need real results in this area.

### Insurance Industry

The American people are also looking for results in the regulation of insurance. They want the insurance industry to share in the responsibility of health reform. Yesterday's *New York Times* article confirms what many of us have known all along – the insurance industry has no intention of voluntarily sharing in the responsibility of reform. Instead, the insurance industry intends to do everything it can to prevent reform from happening – just as it always has.

We should not allow the insurance industry to continue controlling our health care system. We need a health reform bill that requires some responsibility of the insurance industry – for the greater good of our economy and our country.

In my view, the insurance industry gets too sweet a deal in this bill. They get to walk away with nearly half a trillion dollars in federal subsidies – without any requirement that they spend those federal dollars on medical care, not executive salaries and fancy offices.

We should require a minimum medical loss ratio of 85 percent for all private plans in the state exchanges. Additionally, we should include an insurance failsafe mechanism that requires insurers to pay a financial penalty for increasing consumer premiums in the states exchanges by more than inflation.

Perhaps most importantly, we should have included a public health insurance option – to compete with private health insurance companies and to keep them honest. CBO has now clearly stated what many of us knew – that health care cooperatives cannot compete with large private health insurers and will little to change the private marketplace.

Conversely, CBO has also told us that a public health insurance option can save at least \$50 billion over ten years by forcing private health insurance companies to compete on price and quality. These facts cannot and should not be easily overlooked in the interest of political expedience.

### Employer Responsibility

Shared responsibility should also apply to large employers. Not only should there be a true employer mandate in this bill, but large employers that self-insure should also be required to meet insurance market reforms. Not applying the insurance market reforms to the self-insured market means that we are not improving the coverage that 46 to 55 percent of Americans have today. This is simply wrong.

### Medicare Commission

There is almost no greater foe to the future of Medicare than special interests. Since its inception, Medicare has sat vulnerable and picked away by those who seek financial benefit from a program meant to protect those with very limited financial protection. In crafting my MedPAC Reform Act, my goal was to establish a responsible, independent entity charged with implementing objective, evidence-based Medicare policies that protect necessary medical care for our nation's seniors and disabled.

The Medicare Commission moves in that direction but still falls short of accomplishing this goal. Including a carve-out to protect providers is not something I have ever or will support – it is fundamentally counter to these goals.

Six months for Congressional review is too great an opportunity for the same old special interests to gut better policy through intense lobbying, negative ads, and other effective scare tactics. Who will want to serve on a Commission as ineffective and watered down as this? This is wrong.

Make no mistake; I will continue to fight to protect the integrity of the Commission, and the long-term viability of Medicare. Our seniors and our disabled depend on us getting this policy right.

### Health Information Technology (HIT)

We are asking a lot of our providers in this bill and that is OK – but we owe them and their patients the necessary tools to get the job done, like health information technology. There are hundreds of providers, such as free clinics, who serve our most vulnerable but still cannot afford health information technology and electronic health records.

The incentives included in the economic recovery act simply do not go far enough. We cannot ignore the reality that some alternative – whether that be a renewed investment in open-source technology or something else – is necessary to make health IT affordable for all. Without this, we will not transform our system.

### End-of-life Care

On a personal note, I am deeply saddened that we did not do more in the Finance Mark to improve planning for, and care at, the end of life. We should have. We allowed fear mongering to take its toll, and the American people will suffer because of it.

People - in consultation with their physician, family, clergy - want to be in control of deciding what care they receive at the end of life in the event that they are not able to express their wishes for themselves. This is yet another area where the status quo continues under this bill, and we should not be proud of that fact.

Mr. Chairman – I want to close by saying, none of the above are minor details or obscure policy issues. They affect people's lives every single day.

These are all major problems that demand concrete and workable solutions. As I mentioned when I started my comments – THIS is what health care reform is about: Making life better for millions of people who are depending on us to get it right.

So the question on the table is whether to vote for the bill.

But as I approach that question, I have asked two others:

One – can anything more be done here in this Committee to improve the bill or is it time to move on to a new venue where I hope significantly more progress can be made?

And two – is defending the status quo and joining the Party of no useful to passing comprehensive health care reform over the long run?

What it boils down to for me is that I am passionate about health care reform and I am pragmatic about when its time to move forward.

I have never been and am not today one to simply say no for the sake of saying no, to stand on the sidelines and criticize without working to fix what is broken. I will vote my hope for the next step of this process, and so I will vote yes.

But let me be crystal clear – this yes vote is not an endorsement of this bill as it stands today.

My vote is a pledge to continue on the Senate Floor and in Conference the fight for policies that work and represent the real needs of West Virginia families.